

**RETIREE
HEALTH INSURANCE PROGRAMS
MONTHLY COST BEGINNING FEBRUARY 1, 2006 THROUGH JANUARY 31, 2007**

GREAT-WEST	POS 100	POS 90	PPO	PPO – THRIFT PLAN
RETIREE + DEPENDENT(S)	\$ 843.45	\$ 694.18	\$ 765.25	\$ 452.65
SINGLE RATE	\$ 676.26	\$ 556.83	\$ 601.57	\$ 361.88
PACIFICARE	HIGH	LOW*		
RETIREE + DEPENDENT(S)	\$ 814.88	\$ 607.36		
SINGLE RATE	\$ 566.26	\$ 411.91		

RETIREE DENTAL INSURANCE PROGRAMS

DELTA DENTAL - \$ 88.01 PER MONTH (**\$1,056.12 PER YEAR**) \$2,000 Annual Maximum Coverage Limit per person if DPO network dentist used.
\$1,000 if out of network dentist used.

PACIFICARE - \$ 42.60 PER MONTH (**\$511.20 PER YEAR**) No Annual Maximum Coverage Limit.

* Available during retiree open enrollment

**RETIREE
MEDICARE SUPPLEMENT HEALTH INSURANCE PROGRAMS
MONTHLY COST BEGINNING FEBRUARY 1, 2006 THROUGH JANUARY 31, 2007**

GREAT-WEST MEDICARE SUPPLEMENT PLAN (must have Part A & B of Medicare)		
RETIREE ON MEDICARE + NON-MEDICARE DEPENDENT	POS 100 - \$ 843.45 POS 90 - \$ 694.18 PPO - \$ 765.25 PPO THRIFT PLAN - \$ 452.65	
TWO MEDICARE MEMBERS (RETIREE + SPOUSE)	\$ 850.17	
ONE MEDICARE MEMBER – RETIREE OR SURVIVING SPOUSE	\$ 425.09	
SECURE HORIZONS. MEDICARE MEMBER <u>MUST</u> ASSIGN MEDICARE BENEFITS TO PACIFICARE		
ONE MEDICARE MEMBER WITH TWO OR MORE COMPANIONS	\$ 1,109.69	
ONE MEDICARE MEMBER WITH ONE COMPANION	\$ 608.53	
TWO MEDICARE MEMBERS WITH ONE COMPANION	\$ 882.84	
TWO MEDICARE MEMBERS	\$ 381.62	
ONE MEDICARE MEMBER	\$ 190.81	

RETIREE DENTAL INSURANCE PROGRAMS

DELTA DENTAL - \$ 88.01 PER MONTH (\$1,056.12 PER YEAR)	\$2,000 Annual Maximum Coverage Limit per person if DPO network dentist used. \$1,000 if out of network dentist used.
PACIFICARE - \$ 42.60 PER MONTH (\$511.20 PER YEAR)	No Annual Maximum Coverage Limit.